

**Welu Dental Laboratory, Inc.**

617 No. 4<sup>th</sup> Street      P.O. Box 830  
Fargo, ND 58102  
Phone: 701-235-7511    Fax: 701-280-2850

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Applicant/Employee Authorization

I authorize Welu Dental Laboratory, Inc. to obtain a copy of my driving record from the appropriate state.

I understand that driving a company vehicle may be a job requirement and that my employment with Welu Dental Laboratory may be contingent on the confirmation of an acceptable driving record.

\_\_\_\_\_

Applicant/Employee Signature

\_\_\_\_\_

Date

Applicant/Employee Name: \_\_\_\_\_

Drivers License #/State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_